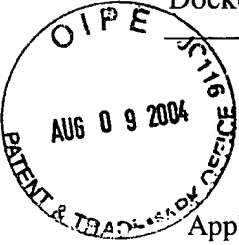


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SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Applicant : Andrew H. Cragg et al.
App. No. : 09/782,534
Filed : February 13, 2001
For : APPARATUS FOR PERFORMING A
DISCECTOMY THROUGH A
TRANS-SACRAL AXIAL BORE
WITHIN THE VERTEBRAE OF THE
SPINE
Examiner : Kathryn Odland
Group Art Unit : 3743

I hereby certify that this correspondence and
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PO Box 1450, Alexandria, VA 22313-1450,
on

8/6/2007

(Date)

John L. Paik

John L. Paik, Reg. No. 54,355

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed is form PTO-1449 listing 1 reference that is also enclosed.

This Information Disclosure Statement is being filed before the mailing date of a final action under 37 C.F.R. § 1.113 and before the mailing date of a Notice of Allowance under § 1.311. A certification under 37 C.F.R. § 1.97(e) is set forth below. Thus, no fee is required as set forth in 37 C.F.R. § 1.97(c).

CERTIFICATION UNDER 37 C.F.R. § 1.97(e)(1)

I hereby certify that each item of information contained in this Statement was first cited in a communication from a foreign Patent Office in a counterpart foreign application not more than 30 days prior to the filing of this Information Disclosure Statement.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated:

8/6/2007

By:

John L. Paik

John L. Paik

Registration No. 54,355

Attorney of Record

Customer No. 20,995

(949) 760-0404

FORM PTO-1449

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICEATTY. DOCKET NO.
AXIAMD.006AAPPLICATION NO.
09/782,534SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
BY APPLICANT

(USE SEVERAL SHEETS IF NECESSARY)

APPLICANT
Andrew H. Cragg et al.FILING DATE
February 13, 2001GROUP
3743

U.S. PATENT DOCUMENTS

| EXAMINER INITIAL | | DOCUMENT NUMBER | DATE | NAME | CLASS | SUBCLASS | FILING DATE (IF APPROPRIATE) |
|---------------------|---|-----------------|----------|-----------------|-------|----------|---------------------------------|
| | 1 | 6,036,696 | 03/14/00 | Lambrech et al. | | | |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| EXAMINER | DATE CONSIDERED |
| *EXAMINER: INITIAL IF CITATION CONSIDERED, WHETHER OR NOT CITATION IS IN CONFORMANCE WITH MPEP 609; DRAW LINE THROUGH CITATION IF NOT IN CONFORMANCE AND NOT CONSIDERED, INCLUDE COPY OF THIS FORM WITH NEXT COMMUNICATION TO APPLICANT. | |